

| CLAIMS ONLY | | | | | | Application Number 01005141 | Filing Date | | |
|---|----------|--------|-----------------------|--------|------------------------|--------------------------------|--------------|--------|-------|
| | | | | | | Applicant(s) | | | |
| * May be used for additional claims or amendments | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * | * | * |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep |
| 1 | 1 | | 1 | | 1 | | 51 | | |
| 2 | | 1 | | 1 | | 1 | 52 | | |
| 3 | | | | | | 1 | 53 | | |
| 4 | | 1 | | | 1 | | 54 | | |
| 5 | 1 | | 1 | | 1 | | 55 | | |
| 6 | | 1 | | 1 | | 1 | 56 | | |
| 7 | | 1 | | 1 | | 1 | 57 | | |
| 8 | | 1 | | 1 | | 1 | 58 | | |
| 9 | 1 | | 1 | | 1 | | 59 | | |
| 10 | | 1 | | 1 | | 1 | 60 | | |
| 11 | | 1 | | 1 | | 1 | 61 | | |
| 12 | | | 1 | | 1 | | 62 | | |
| 13 | | | | | | 1 | 63 | | |
| 14 | | | 1 | | 1 | | 64 | | |
| 15 | 1 | | 1 | | 1 | | 65 | | |
| 16 | | 1 | 1 | | 1 | | 66 | | |
| 17 | 1 | | 1 | | 1 | | 67 | | |
| 18 | 1 | | 1 | | 1 | | 68 | | |
| 19 | | 1 | | 1 | | 1 | 69 | | |
| 20 | | 1 | | 1 | | 1 | 70 | | |
| 21 | | | 1 | | 1 | | 71 | | |
| 22 | | | | | 1 | | 72 | | |
| 23 | | 1 | | | | 1 | 73 | | |
| 24 | 1 | | 1 | | 1 | | 74 | | |
| 25 | 1 | | | 1 | | 1 | 75 | | |
| 26 | | 1 | | | 1 | | 76 | | |
| 27 | | | | | | 1 | 77 | | |
| 28 | | | | | | 1 | 78 | | |
| 29 | | | | | | 1 | 79 | | |
| 30 | | | | | | 1 | 80 | | |
| 31 | | | | | | 1 | 81 | | |
| 32 | | | | | | 1 | 82 | | |
| 33 | | | | | | 1 | 83 | | |
| 34 | | | | | | 1 | 84 | | |
| 35 | | | | | | 1 | 85 | | |
| 36 | | | | | | 1 | 86 | | |
| 37 | | | | | | 1 | 87 | | |
| 38 | | | | | | 1 | 88 | | |
| 39 | | | | | | 1 | 89 | | |
| 40 | | | | | | 1 | 90 | | |
| 41 | | | | | | 1 | 91 | | |
| 42 | | | | | | 1 | 92 | | |
| 43 | | | | | | 1 | 93 | | |
| 44 | | | | | | 1 | 94 | | |
| 45 | | | | | | 1 | 95 | | |
| 46 | | | | | | 1 | 96 | | |
| 47 | | | | | | 1 | 97 | | |
| 48 | | | | | | 1 | 98 | | |
| 49 | | | | | | 1 | 99 | | |
| 50 | | | | | | 1 | 100 | | |
| Total Indep | 7 | | 8 | | 8 | | Total Indep | | |
| Total Depend | 18 | | 18 | | 18 | | Total Depend | | |
| Total Claims | 25 | | 24 | | 26 | | Total Claims | | |